Codman & Shurtleff / Instrument Cat
26a1671
41C102

CINCINNATI
MEDICAL RECORDER.
(PUBLISHED BI-WEEKLY.)

VOLUME LI. No. 8. | CINCINNATI, JUNE 15, 1883. | TERMS. $2.00 per Annum.

Established 1832. | WM. H. COOK, A.M., M.D., Editor and Publisher. | Office: 115 Ninth St.

Entered at the Post Office, Cincinnati, as Second Class Matter.

Physio-Medical Physicians

are partial to formulæ of their own devising. The Wm. S. Merrell Chemical Co. give special attention to the manufacture of Sugar-coated Pills adapted to the individual preference of their friends and customers. Send to them for estimates on lots of three thousand pills and upward—(the smallest quantity that can be perfectly sugar-coated.) Their Sugar-coated Pills are so thoroughly compounded that the *mass remains soft* and is readily soluble. Entrusted to their hands you are in *no danger* of having your pills coated with a large proportion of *chalk* and *china clay*. In ordering or prescribing please specify Wm. S. M. Chem. Co.'s *Soft Mass Pills*.

Fluid Hydrastis is a marked success;—the great demand from physicians direct and through the drug trade attests its growing popularity. Order a bottle in your next purchase;—it speaks for itself.

It is a fact that Fluid Extracts are offered to physicians at prices which would not pay the cost of manufacture provided the drugs used were of prime quality, and the alcohol of sufficient strength to hold the medicinal properties of the drug in solution. We need not say *how* this can be done; but physicians should be on their guard against medicine the only recommendation of which is its cheapness. The Wm. S. Merrell Chemical Co.'s "*Green Drug Fluid Extracts*" recommend themselves to discriminating physicians of all schools.

The Wm. S. Merrell Chemical Co.'s *Resinoids* and *Alkaloids* are not excelled for *purity* and *reliability*. Sulph. Hydrastia (Berberina) in Crystals; as well as the Muriate, Phosphate, and Principles Combined; Podophyllin, Leptandrin, Nitrate Sanguinarina, and many other leading articles in these lines *originated* with them, and were brought to *present perfection* through their investigations.

As an *adjurant* to disguise and cover the bitter taste of the Cinchona Salts, Epsom Salt, Aloes, Colocynth, Cascara Sagrada, etc., in whatever form administered, *Aromatic Elixir Licorice* has no equal. The Wm. S. Merrell Chemical Co. are its manufacturers.

The Wm. S. Merrell Chemical Co. invite the orders and support of that large and increasing class of practitioners who *know a good quality* of medicine when they see it, and are willing to pay a fair price to secure uniformity and reliability.

Extract Malt and its various combinations, prepared at the new laboratory of the Wm. S. Merrell Chemical Co. are worthy the attention of every physician. Put up in bottles of one-and-a-quarter pounds;—$7.50 per dozen.

Please specify "Wm. S. M. Chem. Co.'s" preparations; especially when ordering from houses who are in the habit of sending you *their own*, or the preparations of other manufacturers.

The WM. S. MERRELL CHEMICAL Co. sends its Pamphlet Prices Current and other printed matter to any Physician or Druggist who makes application.

BOSTON MEDICAL
JUN 15 1962
LIBRARY

II.

NEW REMEDIES.

EXPECTORANTS.

PARKE, DAVIS & CO.,

Manufacturing Chemists

DETROIT, MICH.,

Respectfully solicit the attention of practitioners of medicine to their preparations of the following drugs, premising their statement of the claims made for them by mention of the fact that such claims are, in each instance, the legitimate deductions from reports in their possession (and copies of which will be gladly furnished gratis on application) of results following the use of the drugs in the practice of competent and conscientious physicians:

YERBA SANTA.

(Eriodyction Californicum.)

Although this indigenous plant has been before the profession for several years, it is to be feared that it is not as fully appreciated as its inherent merits demand. The cause of this is the fact that it has not been accorded the thorough trial to which an agent possessing the properties claimed for it, is entitled. It is a demulcent of superior quality, and while exercising a favorable influence over mucous membranes wherever situated, has a peculiar influence over that of the respiratory passages. The testimony in support of this statement is too voluminous for introduction at this place, but will be cheerfully furnished on application to us. We prepare a fluid and a solid extract.

DOSE—FLUID EXTRACT YERBA SANTA (P., D. & CO.), ʒ ss to ʒ j.

SOLID EXTRACT YERBA SANTA (P., D. & CO.), gr. iij to gr. x.

QUEBRACHO.

(Aspidosperma Quebracho.)

Although of comparatively recent introduction Quebracho came to us so endorsed by the results of physiological and clinical experience as to place it at once in a place among the more reliable drugs. These experiments have been copious and convincing, fixing quebracho as an agent possessing a peculiar property in relieving dyspnœa due to whatever cause, the cyanotic hue of lips and surface disappearing under its use and the distress of the patient being distinctly ameliorated.

Quebracho supplies, in its marked properties, a pressing want, especially in the treatment of pneumonia or other affections of the lungs attended by dyspnœa. In such self-limited affections the desideratum is to sustain the patient until the disease shall have run its course, and many have succumbed because of the want of an agent which should do what quebracho is claimed to do. That it is a remedy of indispensable value in acute pulmonary inflammations is attested by abundance of testimony in our possessions, and which will be supplied gratuitously, collated from both private and hospital practice.

DOSE—FLUID EXTRACT OF QUEBRACHO (P. D. & CO.), 20 MINIMS TO A FLUIDRACHM.

LIPPIA MEXICANA.

An agreeable anodyne and demulcent expectorant, introduced by us to the profession of this country on the authority of Dr. A. H. Saxton, of Baltimore, Md. Dr. Saxton received a sample of the plant for trial from a gentleman (a chemist by profession), who, while traveling in Mexico in 1877, had observed its characteristic properties from its use among the natives. The botanical position of the plant was fixed by Dr. Vasey of the Agricultural Department at Washington. The reports following its use by others fully corroborate that originally made by Dr. Saxton, and have established Lippia Mexicana as a remedy of great value in the relief of distressing cough whether due to acute inflammation or to more chronic pulmonary lesions, as in phthisis, chronic bronchitis, etc.

DOSE—FLUID EXTRACT LIPPIA MEXICANA (P. D. & CO.), 30 MINIMS TO A FLUIDRACHM.

CHEKEN.

(Myrtus Chekan.)

This plant, indigenous to Chili, was introduced to the English profession by Dr. William Murrell, the famous English therapeutist and collaborator of Ringer, as a remedy for the "Winter Cough" of elderly people. Dr. Murrell's favorable reports have been endorsed by the experience of many practitioners of this country, and Cheken is entitled to a prominent place on the list of remedies for chronic bronchial affections of an inflammatory or catarrhal nature. Dr. Dessauer, of the German Hospital of Valparaiso, speaks in high terms of it as a remedy also when the discharge is of a purulent nature. It is a valuable adjuvant in cough mixtures, its influence being alterative and demulcent.

We solicit for this new drug a thorough trial in the catarrhal affections peculiar to this season, confident as we are that it will prove a valuable expectorant.

DOSE—FLUID EXTRACT CHEKEN (P., D. & CO.), 1 TO 2 FLUIDRACHMS.

DETROIT, MICHIGAN.

New York, 60 Maiden Lane and 21 Liberty St.

PARKE, DAVIS & CO., MANUFACTURING CHEMISTS.

III.

Antiseptics

LISTERINE

THE favorable reception of *LISTERINE* by the Medical Profession throughout the United States is full evidence that its formulation comprehended advanced theories suggesting a SAFE antiseptic for INTERNAL administration, yet equally efficient for external use, and in a form for immediate demand.

The combination of agents, as presented by us, produces a remedy of peculiar antiseptic property, alike adapted to Surgery, Obstetrics, Gynecology, Laryngology, and all Zymotic or Febrile diseases, the best clinical testimony having established its safety internally, even in large doses, whilst its capability of dilution to varied strengths, for local administration, demonstrates its power and scope.

Quality of ingredients, uniformity in preparation, and STANDARD ANTISEPTIC STRENGTH, are advantages we assure to the profession through the designation "*LISTERINE*," and the maintenance of these essential requirements are guaranteed, not only by a sense of professional obligation, but our own commercial well-being.

FORMULA — LISTERINE is the *essential antiseptic* constituent of Thyme, Eucalyptus, Baptisia, Gaultheria, and Mentha Arvensis in combination. Each *fluid drachm* also contains *two* grains of *refined* and *purified* Benzo-boracic Acid.

DOSE—One teaspoonful *three* or *more* times a day (as indicated). As a local application to ulcers, wounds and abscesses, or as a gargle, mouth-wash, inhalant or injection, it can be used *ad libitum*, diluted as desired.

The therapeutic value of LISTERINE has been thoroughly established by the most conservative and scientific element of the profession.

The following Reprints sent, postpaid, upon request:

A LABORATORY STUDY OF LISTERINE:

(Being a tabular exhibit of its action upon fermentative processes),

By **Frank M. Deems, M. D., Ph. D.,**
Late of University of New York.

OTITIS MEDIA PURULENTA:

By **Prof. Dudley S. Reynolds, M. D.,**
Louisville, Ky.

THE BEST METHODS OF TREATING OPERATIVE WOUNDS:

By **Henry O. Marcy, A. M., M. D.,**
President American Academy of Medicine, Boston.

Also, clinical notes from the following and many other well-known physicians:

SURGEON GENERAL WALES,
U. S. Navy.

PROF. CHRISTOPHER JOHNSTON, M. D.,
Baltimore.

PROF. FESSENDEN N. OTIS, M. D.,
New York.

PROF. NATHAN S. LINCOLN, M. D.,
Washington, D. C.

PROF. O. J. COSKERY, M. D.,
Baltimore.

PROF. W. W. DAWSON, M. D.,
Cincinnati.

PROF. JNO. A. OCTERLONY, A. M., M. D.,
Louisville.

PROF. JAMES NEVINS HYDE, A. M., M. D.,
Chicago.

GEO. J. ENGELMANN, M. D.,
St. Louis.

WM. PORTER, A. M., M. D.,
St. Louis.

LAMBERT & Co., MANUFACTURING CHEMISTS,

307 LOCUST STREET, ST. LOUIS, MO.

IV.

F. EGNER & CO.,

(Successors to H. H. HILL & CO.,)

WHOLESALE and RETAIL DRUGGISTS,

S. E. COR. FIFTH AND RACE STREETS,

CINCINNATI OHIO.

WE respectfully invite the attention of Physicians and Druggists to our extensive and well-selected stock of

DRUGS, MEDICINES, CHEMICALS,
BARKS, HERBS, ROOTS,

In crude form, in powders, or crushed for percolating. Everything pure, fresh and thoroughly reliable. Our stock embraces the entire list of remedies known to the market. We manufacture all classes of

RESINOIDS, ALKALOIDS, FLUID EXTRACTS,
SOLID EXTRACTS, SYRUPS, TINCTURES, OINTMENTS,

And warrant all our preparations to be of the highest standard. Particular attention paid to the orders of Physicians; promptness, accuracy and full satisfaction guaranteed.

SHOP FURNITURE, INSTRUMENTS and MEDICAL BOOKS at Lowest Prices.

Full Lines of GELATINE and SUGAR-COATED PILLS Always in Stock

FRESH VACCINE VIRUS Constantly on Hand.

Agents for AMERICAN GLYCERINE WORKS.

YOUR ORDERS ARE RESPECTFULLY SOLICITED.

CINCINNATI MEDICAL RECORDER.

(PUBLISHED BI-WEEKLY.)

Veritas Divina Est.

Vol. LI. CINCINNATI, JUNE 15, 1883. No. 8.

TRACTS AND CARDS.

PHYSICIANS often feel the need of some short article to hand to a neighbor to help convince him of the errors of the old-school and the superiority of Physio-Medical practice. I am preparing to supply this want by publishing a series of small tracts. The following are now ready:

TRACTS.

I.—*Overwhelming Nature; or Fatality in Typhoid Fever.*
II.—*Some Samples of "Regular" Practice.*
III—*Oppressing the People by Medical Laws.*
IV.—*Poisons Never Cure Disease.*

PRICE:—$1.00 per hundred. An order may be for a single kind, or for any selection. No orders taken for less than 100.

CARDS.

☞ I print a Professional Card of extra size. On one side is a full and succint definition of Physio-Medicalism, and of the doctrines and features that distinguish it. On the other side will be printed the Name, Address and Office of the physician ordering. This makes a complete business card, in the best style, and no Physio-Medicalist can afford to be without a full supply. PRICE, $1.00 per hundred. No orders taken for less than 100.

Remit to WM. WESLEY COOK, M. D.,
No. 117 h NintSt., Cincinnati, O.

Means of Detecting Death.

IN our last number we gave some of the most notable instances where persons were supposed to have been, or actually had been, buried alive. It is not a pleasant theme; but the possibility of being put into one's grave prematurely is not pleasant, and such a possibility does not seem to grow any less in the haste of burial now too common. The thought of being immured alive is the more terrible to the very constitutions most liable to such a fate, namely, those temperaments inclined to hysterical and cataleptic states resembling death.

Fortunately there can arise no doubts of actual death in the multitude of cases. Only in peculiar and extremely rare instances is a mistake possible. But the occurrence of even a single instance shows how great is the need of providing against its repetition, and all humanity is interested in settling this question. Some of the European governments and learned societies have offered considerable rewards for the discovery of some one simple and easily applicable test that would be reliable in all cases. No such solitary test has yet been found, neither is it likely to be. Life operations are so complex, and may be so widely modified by circumstances, that it proves a baffling question to decide that all the functions have absolutely ceased when they *seem* to have done so. The accession of putrefactive processes through considerable portions of the body will end all doubts as to the actuality of death, but putrefaction may be much delayed, and the ques-

tion should be determined earlier than that. At present science can only say that a number of tests should be applied till their concurrent testimony satisfies every point of doubt.

Soon after death, ranging in time from a minute to a few hours, the muscles possess a property usually called irritability. They are lax; yet when stimulated by sharp blows with the palm of the hand, or other flat surface, are usually incited to distinct contractions. Under the stimulus of electrical currents, these contractions may be quite pronounced—the chest heaving, the mouth moving, the eye-lids opening and closing, and other motions being induced strongly resembling life. Such facts have given rise to the speculation that electricity is life itself.

But this property of irritability presently is lost, and is succeeded by a rigid state of the muscles, beginning usually with the lower jaw, then the lower extremities, next the face, lastly the trunk and upper extremities. *Rigor mortis* is the name of this condition,—the stiffness of death. It usually begins within three hours after death; gradually increases, and extends for twelve hours, when it is at its height; and then gradually diminishes for ten hours, when it ceases, and the muscles become greatly relaxed. All bodies are subject to it, and every muscle of the body; and when at its height it fixes the part with a wonderful rigidity, and prevents all flexion of the joints except by considerable force.

While the common range of *rigor mortis* is from the third to the twenty-fourth hour after death, its continuance may be much shorted or protracted. Also it may *begin* two hours, one hour, or even a few minutes after death, thus greatly reducing the period of muscular irritability; or the rigidity may not commence for six, ten, or twenty-four hours, the period of muscular irritability being thus extended far beyond the average time.

Rigor is likely to be much hastened in accession when the death is very sudden, or when it occurs quickly after the body has been much fatigued. A hunted animal, exhausted by a long chase, usually stiffens the moment it is killed. Suicides from strichnia, and other very rapid poisons, may grasp the bottle firmly, as if unable to lay it down before dying; and suicides by gun or pistol may clench the weapon with great fixity in the very position where it was when the fatal shot was fired. Cases are numerous where the struggling body remained in some peculiar posture connected with the last act of violence, as in death from hydrophobia, drowning in very cold water, and wounds late in battle,—especially chest and head wounds. Thus, a dead soldier may be found on one knee, rifle raised and grasped, as he was shot in the very act of taking aim. Another may stand, with sword raised, as if in the very act of striking. Another may for some minutes sit firmly in his saddle, riding forward headless. Rossbach, in Virchow's Archives, tells of a group of six soldiers killed by a shell, in the Franco-Prussian war. In one of them, the face retained the expression of laughter, while another was holding toward his lips the cup from which he was drinking when the shot took his head away. Rigor thus occurring instantaneously may continue for twenty-four hours, but is more likely to pass off quickly.

On the other hand, rigor may be delayed, especially in persons of good muscular development, not fatigued, and in middle life. It may not appear for twelve hours or more; and then has been known to continue four, six, and so long as eight days. The property of muscular irritability already alluded to, continues until *rigor mortis* sets in; and in many instances, this irritability may be shown by spontaneous movements without the excitation of either electricity or mechanical

stimulus. A limb may be bent or lifted upward by such contractions, fall, and be lifted again, though the fact of death can not be questioned. Such occurrences have been common in epidemics of cholera, many of the movements being quite life-like, the acts of pronation, supination, and flexion occurring repeatedly through several hours after death. By such acts of spontaneous irritability, a knee has been lifted and let fall several times; the whole body has been known to turn to one side, and after a time turn over upon the other side; and corpses have been seen to revolve gradually to a position almost upon the face.

Such occurrences in choleraic death became the foundation of a public impression, in 1832, that hospital attendants were so hardened as to put patients into their cof fins while yet alive, in the cruel haste to make room for other patients. Without doubt this was an impassioned fiction, growing out of the simple death facts named, magnified by the novel-mongers. Probably some of the bodies that have been exhumed, and found partially turned in their coffins, have turned from a similar cause, or from the internal movements of gases developed by putrefaction.

Rare cases are on record where an unborn child has been delivered after the burial of the mother. No sensational item can have a stronger flavor than this, and yet the fact is by no means proof that the unfortunate woman was buried alive. It is possible that, in a person buried hastily to conceal criminal abortion, the fœtal expulsion may be due to the contractions of prolonged muscular irritability in one dying in full health, rough handling of the coffin mayhap eliciting such contractions. If such expulsion take place more than twelve hours after death,—in one instance it was seen to occur five days after, while the body was being handled in removal,—it may have been started in the period of muscular irritability, and at last completed by the force of gaseous distension within the uterus at a time when the external soft parts were too lax in decay to offer any impediment.

Hysteria and catalepsy give a species of muscular rigidity, and it is important to distinguish this from *rigor mortis*. If a joint be bent forcibly at a time when the rigidity of death has reached its maximum, the stiffness of that joint passes off, and does not return. If the *rigor mortis* has not been completed when the limb is thus forcibly bent, a small degree of stiffness will probably follow the bending. But, if the stiffness is due to hysteria, catalepsy, or syncope, the limb or joint will regain its former degree of stiffness after having been forcibly bent.

Grouping together the signs of actual death presented by detailed examination, they may be offered in the following order:

(1.) The body gradually and steadily cools till it reaches that of the air, the internal cooling not usually being completed for twenty-four to forty-eight hours. Emaciated and enfeebled persons, the aged, and bodies exposed to cold drafts or to water, cool most rapidly. The middle-aged, those dying suddenly, and in good flesh, and bodies sheltered or covered, cool very slowly.

(2.) Complete cessation of heart-action is positive proof of death; but this action may go on in trance without it being possible to detect it by the ordinary examinations. Several delicate tests should then be instituted: as (*a*), Draw to a fine point little cones of cotton wool two inches long and attach their bases lightly to the flesh by a little unguent over the heart and along the arteries of the neck. With the room protected against all drafts and movements, the slightest rythmical motions in these cones would signify some heart-action. (*b*) Bind a ligature firmly around a

finger or an ear-lobe; when the parts become red and at last bluish-red, with a narrow white ring at the line of the ligature, if the person is alive; no changes if dead. (*c*) Scarify and apply a cupping glass, and no blood flows if the body has been dead several hours. (*d*) Clean bright needles thrust into the flesh will tarnish if the circulation is going on, but will not if the body is dead. (*e*) Cut down to an artery, and it is the color of the flesh in the living by virtue of the blood in it; but is empty and of a pale yellow tinge if dead.

(3.) Cessation of breathing, continued beyond seven minutes, is proof of death; but may be so trifling as to require much care in its determination. (*a*) A mirror held closely to the mouth and nose is quite sure to be dulled with moisture if breathing is in progress; yet may not be affected in some rare cases where life is yet present. (*b*) An extremely light feather or piece of down, suspended near the mouth or nose, will not be disturbed if there is no breathing. (*c*) A tall glass of water or mercury may be stood upon the chest, and the slightest movements of the chest-walls by respiration will cause a rippling on the surface of the water, or movements of the image of a candle-flame on the mercury.

(4.) Among minor but by no means unimportant tests are the following: (*a*) A flame from a spirit-lamp, a candle, a needle in the flesh heated at the farther end in a flame, will induce a blister. If the fluid in this blister will coagulate on heating, and if the skin immediately under the blister is reddened, and if a clear red line appear around the edge of the blister after a time, it is quite positive evidence that the part is alive, and hence it is altogether probable the person is not yet dead. If the blister contain air, or if the thin fluid in it does not coagulate on being heated, and if the skin beneath the blister is dry and glazed, and no red line appear around it, the part is dead and the person is probably dead. (*b*) Strong caustic, as potash or sulphuric acid, soon turns living skin black or reddish-brown; but on dead skin produces no eschar at all, or turns it yellowish and transparent. (*c*) Examining the hand during life by a light placed behind it, it looks transparent and rosy, but in death it is opaque and marble-like.

By a due application of these several tests, the fact of actual or apparent death can be determined fully, and there is no need whatever for any human being to be buried alive.

A Fearful Surgical Case.

BY PROF. D. M'CARTHY, M.D.

On the 16th day of March, 1881, a young man came to my office, evidently under great excitement, and requested me to come at once to Henry Prill's, as his son George had shot his face off. I quickly got together such medicines and instruments as the nature of the case seemed to demand, and was soon on my way six miles in the country. On arriving at the place, a man came to take my horse, and remarked that I must be prepared to meet the most terrible case I ever beheld. With this premonition I entered the room where my patient lay, and truly a horrible sight met my vision. There lay a young man with the upper part of the neck and face apparently torn away, presenting a shapeless mass of mangled, bleeding flesh. On closer inspection it was evident that a charge of shot had entered beneath the chin, a little to the right of the median line, passed through the floor of the mouth and came out at the internal angle of the left eye, carrying away the left half of the inferior maxillary bone as far back as the second molar tooth, the dental arch and all the teeth of the superior maxillary bone, its palate and nasal processes. The palate bones, the uvula and soft palate were entirely gone; the vomer hung by a mere

shred to the skin of the nose at its upper angle. The bone forming the internal wall of the left orbit was displaced, and projected, but the eye did not seem to be seriously injured. The dental arch, containing the three front teeth of the right superior maxillary bone, and the part of it forming the right half of the roof of the mouth, was broken from the rest of that bone, and hung loosely, but not much out of place.

Such was the general condition of the bony structures. Now for the condition of the soft parts. A large hole was torn through the floor of the mouth to its left angle, and the chin and under lip deflected back in a single flap of shreddy skin and flesh turned inside out. The upper lip and nose made a similar flap turned back over the cheek. The soft structures on the left side were reflected back in a similar way, leaving the whole cavity of the mouth and throat a horrid bloody cavern. The left half of the tongue, from before backward and from side to side, was torn out, leaving that important organ a simple bleeding stump. On turning back the flaps from both sides of the face, they all came together at the left angle of the mouth; and, though lacerated and irregular, could be pretty accurately approximated. After removing spiculæ of bone, gunpowder, shreds of flesh, and clotted blood, I bathed all the closed surfaces with sassafras oil, one part, to four of water, well shaken together. This is my favorite antiseptic and vulnerary. The hard palate being carried away, there was nothing on which the vomer could rest, so I clipped its connection and removed it entirely. I now tried to replace the internal orbital plate; but it pressed the eye-ball, and I had to desist, and arrange the soft parts around it, and leave it to be dealt with subsequently. The flaps from each side were now brought together as accurately as possible, and attached to each other by interrupted sutures, the needles being placed deeply into the tissues to give them sufficient hold to keep them in place,—the needle and ligatures being constantly moistened with sassafras oil, for the double purpose of facilitating their insertion and protracting the time of suppuration around and loosening the sutures. The line of union was so jagged and irregular as to make it a literal quilting from the angle of the eye to the under surface of the chin.

The hole in the floor of the mouth was left open for drainage, and an india-rubber sack arranged under it to receive all discharges and secure cleanliness. The whole surface was now moistened with my antiseptic mixture, let dry, and strips of adhesive plaster arranged across the wound to steady the parts and sustain the sutures; and now this fearful, ghastly object assumed the form of a human face again.

The case being now in as good shape as it was possible to place it, what of prognosis and treatment? Every person present wanted to know if the doctor thought he could live, and all thought that he could not. My prognosis was guarded and non-committal; for surely a man without jawbones, teeth or lips, and with only a torn stump of a tongue, did not seem to have a very flattering prospect for eating, talking, or living.

A sympathetic, meddlesome neighbor suggested hypodermics of morphine; but this was not Physio-Medical, nor did it seem to me judicious, as during the torpor thereby produced the oozing of the torn surfaces in the vicinity of the opening of the larynx would cause strangling or coughing, tear loose the sutures, and undo all that had been accomplished. I therefore gave orders to give nothing until my return; making him as comfortable as possible by position only.

I regarded the case as very critical and important, and did not feel like bearing the whole responsibility; so I resolved to

see a friendly allopathic neighbor of great surgical experience, state the character of the case to him, and invite him to see it with me on my next visit. This he readily consented to do; so we visited him together next morning. When we arrived, the patient, by writing, requested me to clean out his throat. I wetted my fingers in milk, inserted them carefully through the hole under the chin, passed them on to the base of the tongue, and by gentle digitations, freed the pharynx of clots and crusts. I then filled a small hard-rubber syringe with water, passed it into the same opening until I could see between the lips, its point resting on the tongue, then carefully pressing up the piston threw the water into the pharynx. Most of it was swallowed, a portion of it came back through the hole by the side of the syringe, not causing coughing or strangling. This was repeated until his thirst was allayed, and then fluid nourishment was given in the same way, to his great satisfaction.

After carefully examining the case, and noting all that had been done, my consulting friend remarked that he had seen many bad cases in the army and gunboat service during the war, but this was about the worst and most hopeless he had ever seen; that I had managed the case well thus far; that it was in as favorable condition as it was possible to place it; but it was of no use, for the torn parts could not unite by first intention,—they must suppurate and slough, and, having no proper support beneath, could not again be reunited. This, at the time, appeared to be the rational view of the case; but it was on my hands, and I continued to visit it daily, supervising the wound, removing shreds of flesh, spiculæ of bone and other foreign matters as they became detached; seeing that he had abundance and variety of fluid nourishment by means of the syringe. As time passed, adhesive strips were loosened and replaced, sutures became loose and were removed, a large portion of the torn edges adhered, the worst crushed portions suppurated and were granulating nicely. It was therefore evident that he would not die from the severity of the injury; nor did it seem necessary that he should die of starvation, so long as he could have sufficient nourishment administered artificially.

It was now the third week from the time of the accident, and we must look to his future welfare. The first and most important matter to him is to be placed in a condition to feed himself and masticate his food. Can this be done? Let us consider the present aspect of the case: The soft parts are healing nicely, and promise, in a short time, to give him a pretty good external face, but there are no bones or teeth either above or below, on the left side of the face. The right half of the lower maxillary bone and all its teeth are perfect, but not being opposed by the left half swings too far to the left, and recedes too far into the mouth. It should be pressed outward and downward and backward to make it antagonize properly with the upper maxillæ. Then the alveolar process containing the three front teeth of the upper maxillary bone, and the portion of it forming the roof of the mouth, are broken from the rest of the bone, and thus far no effort has been made to replace and retain it in position. It is now high time it was done, if he is ever to have any use of his mouth in mastication. What as to ways and means? After much thought on the subject, I concluded it could be done, if I could find a point bearing a fixed relation to the parts to be acted on during the varying motions of the head and face, from which to make even and uniform pressure. This point I concluded must be the forehead, and I thought it could be done by a band buckled tightly round the head. I now sought my allopathic neigh-

bor, explained the character of the case at this time, told him what seemed to me to be its future requirements, and asked for suggestions. He replied that he could see no way by which anything could be done for him; and, if there could, it would be of no use, as he must die. I then gave him my plans, stating how I thought much might be accomplished, admitting that there was great doubt as to how successful would be the result; but getting his sanction to my plan, I proceeded to carry it into effect.

I got a saddler to make a nice webbing-band, with buckle, to go around the head; procured some old silver teaspoons, some strong wires, and a skillful mechanic with solder and tin to go with me and do what bending and soldering were required. I now, with much misgiving, visited the patient, buckled the band around his head, placed the bowl of a spoon in his mouth, convex side up, so as to fit nicely under the broken portion of the upper jawbone, readily pressed the fragment into place, brought the spoon-handle out of the mouth, bent it over the upper lip without touching this, had a thick wire soldered to the handle of the spoon, carried it over the cheek to the right temple, and fixed it there to the strap around the head. It seemed to do the work designed completely.

I now had a socket made to fit the two front teeth of the right lower jaw, soldered it to a stout wire, put it on the teeth, brought the wire out of the mouth, bent so it would not press the upper lip, carried it over the face to the left temple, pressing the bone outward, downward and backward, and fastened it to the head-strap. The jaws were now in place as desired, and properly antagonized; and I felt pleased and triumphant. My triumph, however, was of short duration; for, on some slight motion of the head, the strap slipped off and my apparatus went all to pieces.

Discomfitted and chagrined as I was, it was plain that the plan and apparatus were all right. All that was needed was to keep it in place. I cut a strip of adhesive plaster a little more than an inch wide, and long enough to reach across the forehead close up to the hair, stuck it fast to the skin, when it became one with the skin of the forehead. Had a piece of tin an inch wide and two inches long soldered to the under surface of the upper end of the wires; adjusted the parts as before, fastened the pieces of tin to the adhesive strip on the forehead with other adhesive strips passed over and fastened to it in various directions. The wires as they passed over the face had strips of adhesive plaster fastened to them and carried to the cheeks, anchoring them firmly in place.

And now all was fixed and immovable, each part being well adjusted and in place. As now arranged, every part remained in place, while he was fed with the syringe, and all refuse matter passed beneath the chin. In six months from the time of injury, the broken fragment of the superior maxillary had firmly united to that bone; its teeth were in place, and antagonized well with the lower jaw on that side. The apparatus was removed. The opening in the floor of the mouth filled up and closed in so nothing could pass through it. The tongue filled up and rounded out admirably, and soon became useful, both as an organ of speech and mastication. He commenced to feed himself with soft food passed into the mouth with the fingers, and in a year from the time of injury could eat enough of most kinds of food to nourish him well. The face is considerably disfigured: the nose is flat, a great scar and deep depression along the left side of the face, and the chin is much contracted. But now, at the end of two years, he is a stout, active, well-nourished man, who works, eats, talks, chews tobacco, and plays the fiddle, enjoying life as well as any of his neighbors. Aged, twenty-five years.

Dayton, Ohio.

Poisons Make Disease, But Never Cure.

BY PROF. WM. WESLEY COOK, M. D.

"All the world's a stage," says Shakespeare, where comedies, tragedies, and farces are ever being enacted. Let us look behind the scenes upon that great *farce* called "Allopathic Science," which so often proves a *tragedy* to the people. We will quote some accounts of it from men of great eminence in that school of medicine:

Prof. N. Chapman, of the great Jefferson Medical College, Philadelphia, used to pronounce the entire old school system a mass of "absurdities, contradictions, and falsehoods." His successor, Prof. Bartholow, says "the doctrines at present received unreservedly may be entirely over thrown and very different views be substituted." Prof. Waterhouse, after teaching the system in Harvard University for twenty-one years, resigned his place, saying, "I am sick of *learned quackery*."

Bichat, a most learned French professor, says of it: "An incoherent assemblage of opinions, in themselves incoherent, it is perhaps, of all physiological sciences, that in which the oddities of the human mind are best depicted. I say that it is not a science suited to a methodical mind. It is an informal assemblage of inexact ideas, of observations which are often childish, of illusory means, of formulas as curiously conceived as they are fantastically arranged. It is said that the practice of medicine is repulsive. I go farther, and say it is not the practice of a reasonable man,—it is *absolutely revolting* to a rational mind."

At the world's great Congress of allopathic doctors, held in London, in 1881, Dr. M. Raynaud quoted the above, and added: "Who expresses himself thus, gentlemen? It is Bichat, whom we all acknowledge to be one of the promoters of modern science. And it is *by hundreds* that we could borrow from our *principal leaders* portraits no less flattering,—without counting Broussais, who boldly says that 'medicine has only landed men in a chimerical hope, and, taken all in all, has been *more harmful than useful to mankind.*'" No man in that World's Congress dared to raise his voice against this picture of the worthlessness of his own allopathic profession. The American medical journals copied M. Raynaud's paper, and admitted it to be true. The old-school system of treating disease is thus, by its own greatest men, set down as an absurd, contradictory, quackish, revolting thing; repulsive and unreasonable; *more harmful than useful to mankind.* Why does mankind have anything more to do with it?

Why is the Allopathic Treatment so Harmful?—Because it chiefly uses poisons; and considers that nothing has power unless it is a poison. Prof. Dunglison, in his great Medical Dictionary, says: "The most energetic poisons are used in the treatment of disease." Prof. M. Payne, of New York University, in his Institutes of Medicine, says: "The most powerful poisons are among our *best* remedies. *Ubi virus, ibi virtus,*—where there is poison, there is virtue. In a medical sense, poisons are among the choicest blessings bestowed on man." (No. 854.) Prof. Hooper, in his Medical Dictionary, says: "*All* our *most valuable* agents are *active* poisons."

Similar statements are made by hundreds. Look into any drugstore, examine the saddle-bags of any country doctor, and see the mass of poisons prepared for human beings. The poisons, and the preparations made from them, are the most vile known to man; and the ones that are most dangerous are the ones most used and loudest praised. Among them are aconite, belladonna, foxglove, henbane, calomel and other mercurials, arsenic, lead, antimony, veratrum, prussic acid, strychnine, and hundreds more. And new and still stronger ones are being searched for, among the latest and most violent of the new ones being curare (the poison used by Indians on their arrows), caco, nitro-glycerine, and the venom of a most horrible lizard. The moment a fearful poison is found, the allopathic doctors set it down as a "new remedy," and give it to their patients.

What is a Poison?—A child could answer; but, when allopathic "science" wants to make *poison* and *remedy* mean the same thing, we will take allopathic definitions. "*Poison.* An animal, vegetable, or mineral substance which, when applied externally, or taken into the stomach or circulatory system, operates such a change in the animal economy as to produce disease or death." (*Thomas' Dictionary*, 1880.) "A substance having an inherent delete-

rious property, which renders it capable of destroying life by whatever avenue it is taken into the system. It is capable of destroying life when taken in small quantities. It is any substance which, when introduced into the system, or applied externally, injures health or destroys life." (*Quain's Dictionary of Medicine*, 1883.) "All poisons, whatever their difference in other respects, agree in this: They suddenly and rapidly extinguish a great proportion of the vitality of the system." (*Boston Medical and Surgical Journal*, vol. ix. p. 93.)

Why Allopathic Doctors give Poisons.—"We employ them with a solemn reference to their morbific [disease-producing] capabilities; and under deep conviction that when injudiciously administered they can not fail to exasperate disease," says Prof. Payne, in his *Institutes* (No. 854). A truly "solemn" consideration; which becomes tragical when he says (No. 901) "Our agents exert their salutary effects by inducing new pathological [diseased] states, and are generally liable to produce disease when exhibited in health." "Our agents are resorted to with a view of exciting a new disease in place of the one already existing." (*Dunglison.*) "If we can produce a new disease in the exact position of one that may be existing, we may possibly supersede the latter; and, if the new disease subside spontaneously, without injury, we cure our patient." (*Prof. Wood.*) "In the treatment of disease, we do but substitute one morbid [death-causing] action for another. Nature does the rest. * * * The substitution of one pathological [diseased] state for another is the *only* contribution which Nature receives from Art." (*Payne.*) "The strongest and most effective powers of Art are employed for the very purpose of setting aside or counteracting the powers of Nature." (*Sir J. Forbes, M.D.*)

These eminent allopathic professors thus tell us that they prescribe *on purpose* to make another disease in a person already diseased. Nature may then cure the two diseases "as best she can," says Prof. Payne. Are *two* diseases less dangerous than *one?* If your wife lingers long in poor health, with a broken constitution, consider that allopathic poisons make disease and "exasperate" it. If your child had good health up to some particular illness, and ever afterward was broken down, reflect that allopathic poisons produce disease in the healthy, and that the *new* disease they make *may not* "subside spontaneously." If your husband is taken away from you suddenly, remember that the poisons most in use by allopathic physicians will "*suddenly* and *rapidly* extinguish vitality." He might have lived, had he not taken those last small doses of aconite, veratrum, strychnine, chloral, or other poison. Think of these facts in time, and reflect upon such honest allopathic lamentations as the following:

Allopathy Condemning Herself.—"We have assisted in multiplying diseases. We have done more,—we have increased their mortality." (*Prof. Benj. Rush.*) Allopathy actually increases the death rate! "Men of real education must feel astonished at the unfounded assumptions, want of evidence, and unreasonableness, which characterize writings on the actions of medicines." (*Prof. J. Hughes Bennett.*) "At the very best it is a practice not simply of doubtful efficacy, but *hazardous*. In rare cases it may succeed; but in the majority it not only *fails to benefit*, but produces *actual mischief*." (*Sir J. Forbes, M.D.*) The greater number who take allopathic treatment get no good from it, but suffer "actual mischief!" So says one of the most learned and able physicians allopathy has ever had, physician of Queen Victoria's household, at the very head of his profession for fifty years.

All who take allopathic poisons do not die, and very many do recover. This is seized upon as evidence that such treatment is right and scientific. But that is not good reasoning. Many persons get poisoned by accident, and recover; but this fact does not prove that it is a "scientific" and good thing to get poisoned. The living power in the poisoned one may save his life; yet he was poisoned, and he suffered, and was in great danger, and will avoid that poison in the future. Is the case any different because an allopathic doctor gives him the same poison and tells him it is a good medicine? And can an article that endangered a man's life when he was well and hearty do him good when he is sick and prostrated? The doctor may have no bad intentions in giving poisons, but

his *intentions* can not change the nature of a poison any more than they could stop a bullet fired at the heart. Once in the body, they are bound to work their effects. These effects may be sudden death. If the dose is too small for that, the disease will be "exasperated," the sickness will be prolonged, and the doctor's bills will be five or ten or twenty times larger than they needed to be. When the patient lives through it, he may suffer months, years, or all the remainder of his days, from the diseases made in his body by the poisons.

Poisons never cure. That is not their nature. All they do is to "multiply diseases," and Nature is left to cure these "as best she can"; but Nature can not always do this. "There is within the organism a force capable of dealing with poisons so as to avert their fatal effects, within certain limits." (*Prof. Dobell on "Germs of Disease,"* p. 22.) "Man's body is tougher than is generally supposed, and will stand a great deal of wrong treatment." (*Prof. Chambers, "Renewal of Life,"* p. 27.) "The first thing to recognize in chronic diseases is that perhaps in seven out of ten ordinary cases of disease that come before us, it is not we who are the curers of disease, it is Nature. In the majority of instances it is the organism which resists the advance of disease, and it repairs the damages which the disease has done." (*Prof. Andrew Clark, London Lancet,* 1883.) "In a large proportion of the cases treated by allopathic physicians, the disease is cured by Nature, and not by them. In not a small proportion, the disease is cured by Nature *in spite of them.* (*Sir J. Forbes, M. D., "Young Physic,"* p. 98.) "It is Nature, and Nature alone, that effects the relief or cure." (*Sir J. Forbes, M. D., "Nature and Art,"* p. 39.)

Allopathic physicians are learned in anatomy, chemistry, and other sciences. But in the science of choosing remedies and treating disease their whole philosophy is wrong and dangerous. Reasonable people should think on this allopathic testimony; and in their days of sickness and danger turn to the Physio-Medical system of practice.

WHAT IS PHYSIO-MEDICALISM?

Many persons ask an explanation of this term, which sounds odd because unfamiliar. *Physio* is from the Greek, *phusis*, Nature, or things natural. We are acquainted with it in the word Physiology—*Phusis* and *logos*—a discourse on natural laws, or the laws of Nature in Life. The very title of Physician is derived from the same word and originally meant a follower or servant of Nature. *Medical* is understood by all,—from the Græco-Latin,—meaning, to medicate or heal. *Physio-Medicalism*, therefore, means medication on natural laws; or, the art of healing by following nature; or, the treatment of disease in harmony with the laws of life.

All *true science* is based on Nature's laws. Medical science can not be an exception to this fact. Physio-Medicalism looks to Nature and her laws for guidance in treating disease; for Nature alone is true and infallible, but the dictations of men are fallible and may lead astray. Conforming to Nature, Physio-Medical practice rejects every poison; for poisons are dangerous to life, and can do nothing but mischief. They aggravate disease, retard recovery, break down the constitution, and leave in the body diseases of their own making. The old-school, the homeopathists, and the eclectics, all use poisons, and adopt a set of theories to justify their use. The Physio-Medical school is the only one that rejects them, and that rejects all theories and sophistries which justify their use. It uses in treatment the hundreds of powerful yet harmless agencies that Nature has provided for the cure of disease; and uses them on principles that harmonize with the laws of life, and speedily restore health without damage or taint to the constitution.

An Allopathic Doctor Saved.

BY DR. C. W. REID.

I HAVE practiced the healing art for nearly fifty years, using only Nature's harmless remedies, and discarding all poisons. For my fearlessness in advocating sanative medication, and rejecting poisons, and exposing the hollowness of that allopathic theory which would make one disease to cure another, I have suffered abuse and cruelty to a degree rarely piled upon one human being; and have been imprisoned and charged with murder, as was

the immortal Samuel Thomson, without any man venturing to show the first particle of evidence in support of the charge. But times have changed since then,—the truth has been victorious, and I have closed the mouths of the lions. Now the allopathists in my section are afraid to let the people know what they do believe and practice, and have retreated for protection behind the State Board of Health.

I wish to offer a sketch of one of my triumphs. Some years ago a young allopathic graduate, well recommended, came to the town where I was then living. I had then concluded to quit medical practice and go into another business,—in which I eventually sunk a good fortune I had made by practice. The doctor asked my advice about settling there, and I told him to use his pleasure. He began practice, and soon salivated some of his patients badly. I was called to see them, gave them some medicine, and, of course, relieved them. The doctor became enraged; said he did not want to be hung for killing me, but swore to his friends that he had prepared himself with a sword-cane and bowie-knife and revolver to kill me the first private chance he got. The offense of my saving other people's lives seemed to be a terrible one, in his eyes. His threats were speedily told to me, and I sat down and gave the doctor written notice that, if he even so much as looked at me when we passed on the street, I would shoot him on the spot. We passed each other day and night for six months, sometimes touching elbows, but he never turned to look at me.

He was then taken to his sick-bed; treated himself for three days; called in an eclectic, who treated him three days; got much worse, and sent ten miles for an old allopathist, who staid with him most of the time for six days. Then the old doctor told the wife that her husband could not live over midnight, and left.

I was then sent for. Went and examined the case; found it one of pneumonia with enteris, and extremely doubtful. I told Mrs. Organ, the doctor's wife, that if I treated her husband and he died, some might say I only helped to put him out of the way. She said she would clear me of all responsibility, and begged, as only a wife can, to do all I could for her husband for her sake and her children's. I began to treat him at 6 P. M. Pulse 140, small, wiry; skin sallow, dry, chaffy, very hot, cough small, frequent, dry; extremities cold; restless, turning from side to side, picking at bed-clothes, comatose; putting his hands involuntarily to the sides and abdomen when coughing.

Put oils of hedeoma and juniper in absolute tincture of capsicum, and directed two men to rub this freely on the chest, abdomen, and extremities. Prepared an infusion of asclepias, zingiber, cypripedium, and xanthoxylum; began with one fluid ounce of this every five minutes for one hour, then two fluid ounces every twenty minutes for two hours, then at longer intervals. By midnight he began to moisten a little, and seemed to rest. At 4 A. M. I gave him a syrup of leptandra, jugloms, and apocynum for a physic. At 6 A. M. he was quiet, skin moist, pulse 125. Put him on fluid extract asclepias with hydrastis and xanthoxylum, a drachm of the mixture every two hours.

At noon I gave a relaxing enema, and in twenty minutes followed with a stimulating one. A movement of the bowels ensued, and then slight emesis with copious perspiration. A few minutes later his consciousness returned, and he asked me what I wanted there. His wife explained that his physicians had given him over to die, and I was there treating him. He began to apologize; but I left the house, forbidding any apologies until he got well. After that he had little trouble, consented readily to my treatment, and soon recovered,

with such changes in the prescriptions as will readily suggest themselves to any Physio-Medicalist. In six days he was on the street, declaring I was the nicest gentleman he had ever known. We had no further need of our weapons.

Cisna, May 29, 1883.

Is it Professional?

BY E. H. BURRIS, M.D.

WHILE it is the object and desire of a physician to get a fair share of the practice in his community, and especially that of a good paying character, the manner in which he procures that practice is worthy of our attention.

While a patient was under the care of physicians of the new school, or Physio-Medical system, an old-schooler, or allopathic physician, in order to get the case in his hands, it being a paying one, would send such a proposition as this to the family: That he would deposit one hundred dollars with the family; and, if he failed to restore the patient to health in one week, he would forfeit that amount. He succeeded in getting the patient; but if he put up his money he lost it, for he failed to restore the patient to health in the time specified.

Another instance: An old-school practitioner sent the family word that he and his partner would take it time-about paying visits to the sick member of the family until restored to health, if they would employ them. We have not heard of them paying any visits yet.

If a system of medicine in which I was engaged was to encourage such proceedings in order to receive a share of the public patronage, I should have about such an opinion of it as I formed of the old-school while attending medical lectures at the Cincinnati Hospital. A professor mounted the rostrum in the amphitheater, before some two hundred students, delivered a long, able, and learned dissertation upon a fever patient that was present, giving treatment, and winding up with this frank confession: "We know not what fever is; your patient would be the better off by not having been given a single dose of medicine."

We came to the conclusion that if we were spending our time and money in gaining a profession, and were taught such nonsense as that, we had better embark in some other calling where we might be of some benefit to our fellow-man. Thank Heaven! Physio-Medicalism does not teach its students such trash.

Vienna, June 10, 1883.

Acute Dropsy, Measles, Pneumonia.

BY W. FRED JERNIGAN, M. D.

MARCH 14, 1883, I was called to see Mrs. O., aged twenty-three, her husband giving me the following history: During a severe cold spell, in January last, she gave birth to her first child, did well for a few days, then took a severe cold because of the openness of her house, and had not yet fully recovered from this. In a few days dropsical symptoms began to be developed, and the doctor put her on treatment for this,—using quinine, iron, iodide potassium, turpentine, hydragogue cathartics, and strychnine, in the "regular" way. She gradually grew worse, abdominal and chest dropsy becoming severe, and causing much difficulty of breathing. On this the doctor said she did not have dropsy at all, but asthma; and for this gave her lobelia, bromidia, and syrup squills. After a few unsuccessful attempts with these he pronounced her case incurable, said she must die, and left her with the understanding that death was too near to make it necessary for him to come again.

At this point I was sent for. Found the patient in a deplorable condition. Difficulty of breathing so great that she could

not lie down, and had not been able to for three weeks. Skin cold, of a pale-greenish tint; pitting on pressure over nearly the whole surface; bowels greatly constipated; urine scanty and high-colored; some sensitiveness of the kidneys. Her entire body was swollen, the limbs so much so that she could scarcely move them. Fluctuation of dropsical effusion in the chest could be heard on the slightest movement of the body. No appetite, and but very little sleep.

As a temporary relief to the distressing breathing, I gave twenty drops third preparation lobelia every fifteen minutes, and in an hour she was in a profuse perspiration and was greatly relieved. Then the lower bowels were unloaded by a suitable enema, and this was followed by a vapor bath. Gave fluid extract of eupatorium purpureum in syrup of ginger every two hours until it influenced the kidneys; then to be given as needed to maintain venal activity. For an hepatic prescribed,—

℞. Leptandrin, - - gr. xij.
Apoconine, - - gr. vj.
M. Fl. chart. No. iij. Sig: One at bedtime; to be followed in the morning with potassa bitart. ʒ j.

15th. Patient less distressed, breathing less difficult, bowels had acted moderately, urine freer. Repeated former prescriptions, and directed her to eat all the onions she wished to.

16th. Better; rested well, bloating subsiding from upper extremities, secretions fair, appetite returning. Ordered another vapor bath; the hepatic at night; and four times a day the compound syrup aralia hispida of the P.-M. Dispensatory. A dose of hydrastia phosphate in solution after each meal. Equal parts stimulating liniment and fluid extract verbascum as a liniment over chest, abdomen, and lower extremities, twice a day.

20th. Much improved; can walk a little, kidneys and bowels acting well, appetite good, swelling gone except from the lower extremities, hydrothorax and difficult breathing better. Continued hepatic every second night, with a vapor bath; other treatment as before.

25th. Can lie down with ease, sleeps well, signs of dropsy gone. Continued the above treatment, and considered the case dismissed. A few days before, she had been exposed to the measles.

On the night of the 29th I was sent for in haste, the messenger informing me that Mrs. O. had broken out with the measles two days before, and the eruption had gone in too soon. Found her in a well developed case of double pneumonia; the eruption of measles receding yet still to be seen. Put her on the usual Physio-Medical treatment for pneumonia, and in five days she was convalescing. Dismissed the case.

On April 14th I was called in again. Found her in a high fever, restless, full of achings, severe headache, intolerant of light, tongue yellow with red edges, bowels constipated, urine moderate, pain and stiffness in the neck, four large ecchymosed spots along the spine. Gave infusion of asclepias and ginger with some lobelia and eypripedium, every hour a half teacupful; stimulating liniment along the spine; a moderate dose of leptandrin. The next morning she was better, covered with a most profuse eruption of measles. This ran its usual course; a slight return of the dropsical symptoms followed, but soon subsided under the previous treatment. She is now well, and about her usual household duties.

Bonham, Texas, May 22, 1883.

Changeable Diagnosis.

Last winter a gentleman suffering from an unmistakable abscess of the liver was treated by a professor of one of the medical colleges in this city, who pronounced his disease to be "malarial fever." As

the end drew near, his treatment consisted wholly of hypodermic injections of morphine twice a day. Finally the patient died, and the physician in filling out the death report pronounced the cause of death to be "spinal disease," and in the death certificate to the lodge of which the patient had been a member the same physician stated that the patient had died of "croupous pneumonia." The true malady differing so widely from the three diseases named, which in themselves were of opposite characters, it is not to be wondered that the patient died under treatment which, like the diagnosis, was no doubt changeable and altogether guesswork. W. W. C.

More Small-Pox Blunders.

THE small-pox excitement stirred up by the mistaken diagnosis reported in our last issue has passed away, and small-pox has been "stamped out" of Cincinnati, as it can be always when vigorous measures are adopted.

But the fatal blunder committed by the pompous allopathic professor and his associates has called forth a peculiar letter from two other allopathic professors here. It is as follows:

"CINCINNATI, O., May 28, 1883.

"DEAR DR. COMEGYS:—We desire to express to you our sympathy for the painful criticism to which you have been subjected in the daily press for having mistaken a case of purpura variolosa for purpura hemorrhagica, and believe that the report of an almost similar accident which occurred in the hands of three of us, Dr. James Graham and the subscribers, which you may use as you see fit, will at least divide the responsibility among a greater number.

"In this case, which happened seven years ago, the symptoms were so vague and ill defined that we felt constrained to regard as an anomalous case of typhoid fever, and so reported it in the death certificate. On post-mortem examination the lesions were found more like that rare form of disease, purpura variolosa, and we determined to report it as such to the Academy of Medicine of this city. The full account of this case, with the subsequent discussion, is detailed in the Cincinnati *Clinic*, July 15, 1876. We subsequently learned that the body had been in the meantime shipped to some town in the interior of the State.

"We trust that you may take comfort in this evidence of human fallibility, which we share with you in the celebrated aphorism of Voltaire: 'Only the charlatan is always certain.' J. T. WHITTAKER,
"P. S. CONNOR."

This letter is quoted in some of the Eastern allopathic journals, who pronounced it "kindly and interesting," seeing Dr. Comegys had met with the "misfortune" of "not diagnosing a case of small-pox." Not a word about the "misfortune" which carried away four lives, and spread disease and sorrow among a score of families, through the blunder of Dr. Comegys. The dead are silent, and the stricken ones can not help themselves; but come, let us sympathize with the eminent and imperious allopathic professor who has been "subjected in the daily press" to "painful criticism" on account of his blunder. What gushing tenderness is there, my countrymen!

But let us study this "interesting letter." It is written by two allopathic professors, both connected with the Ohio Medical College of this city. Dr. Comegys was once a professor in the same college, and we believe Drs. Miller and Walker, who first attended the late unfortunate lady, were graduates of the same college. The State of Ohio donated some $30,000 out of the public treasury toward establishing that college, and it has the largest classes of any allopathic college in the West, and its faculty have the reputation of being thoroughly conversant with Voltaire and other writers of the ultra-infidel class. A "sympathizing" public must take all these

things into consideration; and from them will be able to understand that the very acme of "science" is represented by these gentlemen, who care only for that, and have no interest whatever in bolstering up their brethren of the Ohio Medical College! Simply, no man of or from such an erudite establishment can possibly make a mistake; or, if he should happen to make one, and a good many deaths result from it, he can find consolation in remembering that his confreres and graduates of the same college have been similarly unfortunate!

By the confession of this "interesting letter," we learn that three eminent allopathic professors in Cincinnati had a case which they pronounced to be typhoid fever. It died, and they gave a burial certificate declaring it to be typhoid. On the the basis of that certificate, the body was taken away to "some town in the interior of the State" for burial,—town not named, but probably a public funeral was held, and small-pox cases may have followed. For, before it left the city, the doctors held a post-mortem, and concluded from the "lesions" that it was like a case of small-pox, and they "determined to report it as such to the Academy of Medicine." But, strange to say, before the Academy met and the case was reported to it, and the "discussion" was had, the body had been shipped for burial!

The "lesions" by which the case could be "determined" to be small-pox were the pustules upon the surface. These could have been examined just as well during life as after death, and the case thereby "determined" while the patient was living. That this was not done is proof of neglect, or ignorance, or something else, on the part of those three allopathic professers. They gave a burial certificate of "typhoid," in a case that they themselves considered "anomalous," and found out their mistake after the patient died. Must a man *die* before the combined allopathic professors of Cincinnati can tell what his disease is? It seems so, from the above letter.

After they found out the patient died of small-pox in its worst form, they did not recall that burial certificate. They allowed that body, corrupt with virulent small-pox, to be taken away from the city on their certificate that the patient had died of typhoid. The law would not allow it to be taken abroad, if death by small-pox had been known. The three professors knew it after the patient died and before the body was moved; knew it by an examination *after* death that should have "determined" the question *before* death. And yet they did not revoke their first burial certificate of death from typhoid, which would have reflected on their professional judgment. They preferred to let that certificate stand,—to leave unchanged a statement of their own which they knew to be *false*,—to let that small-pox body be removed out of the city contrary to law, to be handled by undertakers, shipped by public conveyance, and interred as an innocent typhoid case in "some town in the interior of the State." Better violate law, outrage the public, expose scores of people to small-pox contagion, and spread this foul disease broadcast, than recall their own false burial certificate. These are quite insignificant matters,—the "interior town" thus exposed to a small-pox epidemic is an insignificant matter compared to the *humiliation* of three allopathic professors recalling their own false burial certificate.

But by keeping still and allowing the body to be "shipped," they may have had an eye to business. If the contagion took root and spread, that would make business for the country doctors; and these in turn might send for one or all of these three learned professors to come out to the "interior town" and counsel with them on their "anomalous cases of typhoid fever." That would be helping one another all

around. And why not give their brethren a lift that way, seeing it is considered a "kindly act" for the mistake of three allopathic professors, made seven years ago, to be now trotted out in the newspapers to justify a similar terrible mistake made by three other eminent allopaths! Perhaps the common people can not understand how one mistake, with its false certificate and unlawful shipment of a small-pox corpse to an interior town, can justify exactly the same kind of a mistake and false certificate and unlawful shipment. Perhaps the people can not understand how the first terrible blunder can atone for the four lives already lost through the last terrible blunder. It may take an allopathic microscope to "see through" such things. But let us notice that the letter of Profs. Whittaker and Connor does not pretend to enlighten the public. It is merely a letter of sympathy with Prof. Comegys, because his blunder was found out and exposed. This is the thing they are sorry for. If he and his blundering associates had not been tripped up and exposed in the newspapers, there is no reason to think the *sympathizing* professors would have shed a tear over the innocent victims slaughtered through their blunder, or for the sad hearts to-day sorrowing for the lost ones. When allopathic doctors talk about their love for the people, and their anxiety to "protect" the dear people, let the affairs we are discussing stand as an evidence of their public affection.

In our last issue we showed that it was an unpardonable mistake to confound any kind of a small-pox case with purpura hemorrhagica. The two maladies are totally unlike each other. When the highest allopathic authorities of two continents, —Roberts, Aitken, Curschman, Immermann, Bartholow,—draw an absolute line of distinction between the two diseases, it is something more than childish for men who admit that they blundered in diagnosis, and whose blunders caused death, to offer to quiet the public indignation by the vague quotation from an infidel who never felt himself bound by any principle of truth or honesty: "Only the charlatan is very certain." If this quotation of their own means anything in the present discussion, it means that Professors Comegys, Graham, Whittaker, and Connor, and Doctors Miller, Walker, and DeCourcy, are the most arrant charlatans. For did they not examine the fatal cases, and were "very certain" they were not small-pox, and gave their written and solemn certificate that they were not, and *insisted* that they were not, the fatal spread of the disease convinced the public to the contrary.

And it is very much like a piece of unpardonable charlatanism to confound small-pox with any other disease, when it is so absolutely unlike anything else. Purpura hemorrhagica bears no resemblance to it; typhoid bears no resemblance; there is nothing like it in all medical history; it stands by itself with a clinical history all its own. Every author of the least note tells how it may be *absolutely* diagnosed from everything else, and how typhoid fever and everything else may be diagnosed *absolutely* from it. Not to know these things is an overwhelming disgrace to any man pretending to be a professor, or assuming to understand medicine at all. To attempt to conceal their blunders and those needless graves by claiming that it is difficult to determine small-pox, is a trick and a deception surpassing any piece of charlatanry that has ever come to our knowledge. Must public life continue to be sacrificed to such men and the men they instruct?

PHYSICIANS often feel the need of some short article to hand to a neighbor to help convince him of the errors of the old-school and the superiority of Physio-Medical practice. I am preparing to supply this want by publishing a series of small tracts. See advertisement on first page.

V.

PURE RESINS, RESINOIDS AND ALKALOIDS.

THORP & LLOYD BROTHERS,

Manufacturing Pharmacists & Chemists,

N. W. Cor. Court and Plum Sts., CINCINNATI, O.

Permit us to call your attention to our ALKALOIDS, RESINS, RESINOIDS, etc. We would like your entire trade, and we believe that you will find it to your interest to use our preparations, exclusively. The high reputation our Medicines enjoy has been obtained from their excellence and quality, and not from extensive advertising. It is well known that the class of preparations we call your attention to here, has been uncertain in quality as found in market, and hence we invite you to protect yourself and your patient, by using those of our make. We suggest that you request your druggist to order from us in case he is not convenient to an Agent.

Should you prefer to deal directly with our house, we will take great pleasure in filling your orders on our usual business terms for such amounts as you may desire. We will be obliged for the names of those of your physician acquaintances who will appreciate a line of medicines such as we make. The information given in our notes of the accompanying list is valuable, and the list should be preserved for future reference. Respectfully,

THORP & LLOYD BROTHERS.

Euonymin, per oz. (vial included), $1.05.

Practitioners have employed Euonymin as made by us, and considered it valuable for many years. It has recently come into general use, owing to the reports of Prof. Richardson, of England.

Alkaloid (White) Hydrastine, per oz. (vial included), $6.65.

The "White Alkaloid of Hydrastis" as made by us is in the form of white crystals, and is pure. To prevent confusion please note that when this Alkaloid is desired it should be ordered under the full name "Hydrastine White Alkaloid" Alkaloid Hydrastine simply is understood to refer to the Yellow Alkaloid, which is used extensively for injections.

Hydrastine or Berberine, per oz. (vial included), $4.00.

The Yellow Alkaloid of Hydrastis Canadensis is generally accepted to be the same as Berberine, although it certainly differs in some respects from the published descriptions of this Alkaloid. It is the bitter principle of Hydrastis Canadensis, and gives rise to the line of salts which we designate as "Citrate of Hydrastine," "Sulphate of Hydrastine," etc., etc. This is the only "Alkaloid Hydrastine" used simply under that name.

Hydrastine Principles Combined, per oz. (vial included), $1.35.

This is a mixture of the Yellow and the White Alkaloids, together with the Acrid Resin and other peculiar proximate principles of Hydrastis Canadensis. This preparation is intended to be used when "Hydrastine" is prescribed, and it is always sent by us to our patrons when simply "Hydrastine" is ordered. As a remedy for internal administration where it is not necessary to have a solution, it is desirable. This is the only preparation of Hydrastis in the form of powder that represents all the medicinal constituents of the root.

Leptandrin, per oz. (vial included), 50c.

This is a mixture of the Resin and other principles of Leptandra Root. The Resin alone is inert, or nearly so. Those who have used our Leptandrin find it all that can be desired.

Podophyllin (Genuine) per oz. (vial included), 45c.

The genuine dark colored *Resin of Podophyllum* of the Pharmacopœia of the United States is the same as made by us twenty-five years ago. It was discovered by Prof. John King, M.D., and was the first of the line afterward known as Resinoids. The reputation of "Podophyllin" was derived from the use of this article. Podophyllin of a yellow color is an adulterated preparation, and is colored by means of alum or other chemicals. Yellow Podophyllin is uncertain in its action, and is very griping. We do not furnish the objectionable drug unless it is directly specified. We call the attention of the trade to the foregoing facts, and ask that purchasers designate our true Podophyllin.

Sanguinarine Principles Combined, per oz. (vial included), 65c.

The Root of Sanguinaria Canadensis contains a White Alkaloid. This unites with acids to form salts, all of which are of a beautiful red color. The preparation used under the name "Sanguinarine Principles Combined" is an impure form of the Alkaloid. This Alkaloid and its salts are very irritating to mucous membranes, and the inhalation of the dust should be avoided as much as possible.

The foregoing embrace a few of the principle concentrations. We issue a price list of more than eighty of these preparations, and will mail it free to all who apply for it. Address,

THORP & LLOYD BROTHERS,

CINCINNATI, O.

SPENCER & CROCKER,

117, 119 and 121 West Fifth Street, Cincinnati, Ohio.
(SECOND FLOOR.)

Wholesale Dealers IN Surgical Instruments

To Medical Colleges and Hospitals, or to any one connected with them, they offer

WHOLESALE RATES.

*** City orders may be sent through Telephone, and will receive prompt attention.

PHYSIO-MEDICAL INSTITUTE,

CINCINNATI, O.

(Chartered 1859.)

Twenty-fourth Session begins October 10, 1883.

WM. H. COOK, M. D., DEAN,

115 Ninth Street, Cincinnati, O.

WM. AUTENRIETH,

Manufacturer of

SURGICAL

AND

Dental Instruments!

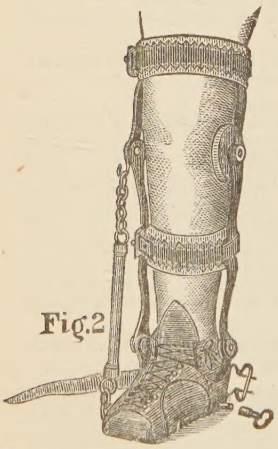


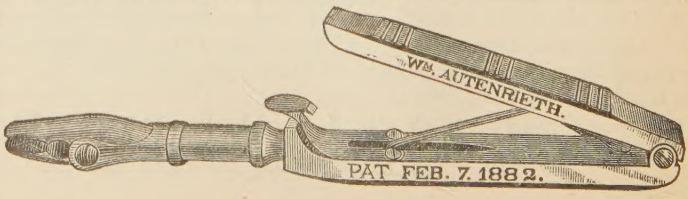
Fig. 2

No 71 West Sixth Street,
Between Walnut and Vine, - - Cincinnati, Ohio.

Special Attention given to Fitting Apparatus for Club-Foot, Spinal and Other Deformities.

Elastic Stockings Adjusted for All Limbs on Receiving Measurements.

Pocket Cases, Amputating Cases, Obstetrical Instruments,
Eye Cases, Dental Forceps
And Instruments,
Aspirators, Stethoscopes,
And Everything Needed
For the Surgeon.



PEPSIN.

E. SCHEFFER, - - - - LOUISVILLE, KY.

Manufactures by his Improved Method

SACCHARATED PEPSIN:

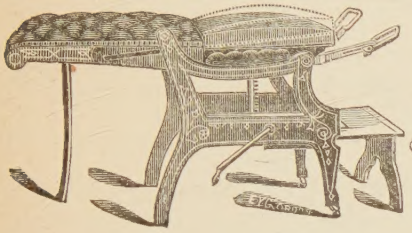
Which has proven its superiority over other Pepsins by its stability and uniformity, and by its agreeable taste. In digestive power it corresponds to the standard of the United States Pharmacopœia, which is as follows: One part dissolved in 500 parts of water, acidulated with 7.5 parts of hydrochloric acid, should digest at least 50 parts of hard-boiled Egg Albumen in 5 to 6 hours at 100° to 104° F.

CONCENTRATED DRY PEPSIN.

Which possesses eight times the digestive power of the Saccharated; particularly recommended to manufacturers.

LIQUID PEPSIN,

A very active and palatable medicine, containing 4% of Saccharated Pepsin dissolved in acidulated water and glycerine.



ARCHER'S PATENT.

GYNECOLOGICAL

—AND—

OCULIST CHAIRS.

(Patented Jan. 10th and Aug. 8th, 1882.)

MANUFACTURED BY

GEO. W. ARCHER & CO.,

ROCHESTER, N. Y.

☞ **Send for Descriptive Price List, and state where you saw this Advertisement.**

WM. H. COOK, M.,

PHYSICIAN & SURGEON,

115 Ninth treet, Cincinnati.

Having associated my son with me in the practice of medicine, I will be the better able to counsel with my friends out of the city, and to make visits in consultation abroad when all circumstances are suitable.

WM. WESLEY COOK, M. D.,

PHYSICAN & SURGEON,

117 Ninth Street, Cincinnati.

WM. F. TAIT, M. D.,

PHYSICIAN AND SURGEON,

Galesburg, Ill.

Esp ecial attention given to surgery. I am prepared to go abroad under suitable circumstances, in consultations and for surgical operations.

D. W. WINTER, M. D.,

MRS. A. B. WINTER, M. D.,

PHYSICIANS & SURGEONS,

16 MASON STREET,

MT. AUBURN.

CINCINNATI.

We have opened a Private Hospital for lady patients. Those wishing to go abroad for a few weeks or months, and obtain Physio-Medical treatment, will please address us, as above, for particulars.

H. M. MERRELL. FRANK R. MERRELL.

HEADQUARTERS FOR PHYSICIANS' SUPPLIES.

CINCINNATI, March, 1883.

DEAR SIR:—During the past year we have devoted our attention entirely to supplying ALL THE WANTS OF PHYSICIANS. The result of our experiment has been so favorable that we are induced to increase our efforts in this direction. A very large number of physicians have indorsed our efforts with their patronage, and have expressed their more than satisfaction with our goods and prices. Our aim is to

Supply the Physicians with Everything

Necessary in the practice of medicine, surgery and obstetrics, and at such prices as give us a fair living profit. We deal directly with the physician, and have no agents on whose shelves our preparations may lie for months before they reach the consumers.

In the manufacture of our preparations we employ only skilled labor and the best materials, insuring uniform and thoroughly reliable results. Our trade for the past year has convinced us that it *pays* to put the choicest stock and the most expert labor in our manufactures.

We supply nothing but First-Class Goods,

And refuse in all cases to adulterate or deteriorate in order to undersell a competitor, or to meet the prices of an unscrupulous manufacturer. Every bottle bearing our label is guaranteed to be of THE BEST POSSIBLE QUALITY. We carry at all times complete lines of

FLUID EXTRACTS, SOLID EXTRACTS,
RESINOIDS, ALKALOIDS,
SPECIFIC MEDICINES, MEDICINAL WINES,
SYRUPS, ELIXIRS,

UNSURPASSED IN QUALITY.

SURGICAL INSTRUMENTS AND APPLIANCES of best makes,
ALL NEW REMEDIES supplied true to name,
CHEMICAL WARE of our own importation,
SADDLE BAGS, CASES, OFFICE OUTFITS,
AND EVERYTHING USED BY PHYSICIANS.

H. M. MERRELL & CO.,

Manufacturing Chemists,

—— AND DEALERS IN ——

PHYSICIANS' SUPPLIES

134 West Sixth Street, Cincinnati, O.